

Caution: DRAFT FORM

This is an advance proof copy of an IRS tax form. It is subject to change and OMB approval before it is officially released. You can check the scheduled release date on our web site (www.irs.gov).

If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

Request for Federal Income Tax Withholding From Sick Pay

OMB No. 1545-0717

2005

▶ Give this form to the third-party payer of your sick pay.

Type or print your full name

Your social security number

Home address (number and street or rural route)

City or town, state, and ZIP code

Claim or identification number (if any)

I request income tax withholding from my sick pay payments. I want the following amount to be withheld from each payment. (See **Worksheet** below.)

\$

Employee's signature ▶

Date ▶

----- Cut here and give the top part of this form to the payer. Keep the lower part for your records. -----

Worksheet (Keep for your records. Do not send to the Internal Revenue Service.)

1	Enter amount of adjusted gross income that you expect in 2005	1	
2	If you plan to itemize deductions on Schedule A (Form 1040), enter the estimated total of your deductions. For 2005, you may have to reduce your itemized deductions if your income is over \$XXX,XXX (\$XX,XXX if married filing separately). See Pub. 919 , How Do I Adjust My Tax Withholding? for details. Call 1-800-829-3676 or visit the IRS website at www.irs.gov to order forms and publications. If you do not plan to itemize deductions , enter the standard deduction (See the instructions on page 2 for the standard deduction amount, including additional amounts for age and blindness.)	2	
3	Subtract line 2 from line 1	3	
4	Exemptions. Multiply \$X,XXX by the number of personal exemptions. For 2005, your personal exemption(s) amount is reduced if your income is over \$XXX,XXX if single, \$XXX,XXX if married filing jointly or qualifying widow(er), \$XXX,XXX if married filing separately, or \$XXX,XXX if head of household. See Pub. 919 for details.	4	
5	Subtract line 4 from line 3	5	
6	Tax. Figure your tax on line 5 by using the 2005 Tax Rate Schedule X, Y, or Z on page 2. Do not use the Tax Table or Tax Rate Schedule X, Y, or Z in the 2004 Form 1040, 1040A, or 1040EZ instructions	6	
7	Credits (child tax and higher education credits, credit for child and dependent care expenses, etc.)	7	
8	Subtract line 7 from line 6	8	
9	Estimated income tax withheld and to be withheld from other sources (including amounts withheld due to a prior Form W-4S) during 2005 or paid with Form 1040-ES.	9	
10	Subtract line 9 from line 8	10	
11	Enter the number of sick pay payments you expect to receive this year to which this Form W-4S will apply	11	
12	Divide line 10 by line 11. Round to the nearest dollar. This is the amount that should be withheld from each sick pay payment. Be sure it meets the requirements for the amount that should be withheld, as explained under Amount to be withheld below. If it does, enter this amount on Form W-4S above	12	

General Instructions

Purpose of form. Give this form to the **third-party payer** of your sick pay, such as an insurance company, if you want federal income tax withheld from the payments. You are not required to have federal income tax withheld from sick pay paid by a third party. However, if you choose to request such withholding, Internal Revenue Code sections 3402(o) and 6109 and their regulations require you to provide the information requested on this form. **Do not** use this form if your employer (or its agent) makes the payments because employers are already required to withhold income tax from sick pay.

Note: If you receive sick pay under a collective bargaining agreement, see your union representative or employer.

Definition. Sick pay is a payment that you receive:

- Under a plan your employer takes part in and
- In place of wages for any period when you are temporarily absent from work because of sickness or injury.

Amount to be withheld. Enter on this form the amount that you want withheld from each payment. The amount that you enter:

- Must be in whole dollars (for example, \$35, not \$34.50).
- Must be at least \$20 a week.
- Must not reduce the net amount of each sick pay payment that you receive to less than \$10.

For payments larger or smaller than a regular full payment of sick pay, the amount withheld will be in the same proportion as your regular withholding from sick pay. For example, if your regular full payment of \$100 a week normally has \$25 (25%) withheld, then \$20 (25%) will be withheld from a partial payment of \$80.

Caution: Generally, you may be subject to a penalty if your tax payments during the year are not at least 90% of the tax shown on your tax return. For exceptions and details, see **Pub. 505**, Tax Withholding and Estimated Tax. You may pay tax during the year through withholding or estimated tax payments or both. To avoid a penalty, make sure that you have enough tax withheld or make estimated tax payments using **Form 1040-ES**, Estimated Tax for Individuals. You may estimate your income tax liability by using the worksheet above.

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